## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS >

DOCUMENT # N40814

(8)

PRIMERA OWNER'S ASSOCIATION, INC.

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Principal Place of Business Mailing Address					i inmatien auf minnte netwi annen ii bit niet niett mint mint nint diet diet
C/O NORTH CAROLINA DEPARTMENT OF INSUR C/O NORTH CAROLINA DEPARTMENT				NT OF INSUR	3. Date Incorporated or Qualified
401 GLENWOOD AVE. 401 GLENWOO RALEIGH NC 27603-1219 RALEIGH NC 2					11/09/1990
TIALLIGIT NO 2	27003-1213	RALEIGH NC 27603-1219			4. FEI Number Applied For
					NOT APPLICABLE Not Applicate
2. Principal Place of Business 2a. Mailing Address				_	5. Certificate of Status Desired \$8.75 Additional
Suite, Apt.	North Carolina L.	1 128 & Health Suite, Apt. #, etc.	Insu	. Guara	5. Certificate of Status Desired
		<b>—</b>	73 7		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
				250	7. Is this nonprofit corporation a homeowners association?
City & State Suite 250 Raleigh, NC		City & State Suite 250 Raleigh, NC			☐ Yes ☐ No
Zip	Country	Zip	Cor	ntry	8. This corporation owes or has paid the current year Intangible
24 2760		29 27605	30	Wake	Personal Property Tax due June 30. Yes No
-	9. Name and Address of Curren	it Registered Agent		81 Name	10. Name and Address of New Registered Agent
5	TA ALLATTA ATTINIONA (1.10			Name	
1	ITO CHARTER SERVICES, INC. GNOLIA AVENUE			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
	VA BEACH FL 32114			83	
				84 City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508. Florida Statu	ites, the al	ove-named corn	
office or a	registered agent, or both, in the State	of Florida, Such change was	authorize	by the corporati	oration submits this statement for the purpose of changing its registered on's board of directors. I hereby accept the appointment as registered
SIGNATURE					
	Signature, typed or printed name of registered age			f Agent signature require	
12.	OFFICERS AN	D DIRECTORS  DELETE	13.	n	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition
TITLE NAME	PD ACTON, JOHN A	☐ DETEIC	1.1 Π 1.2 N/		E Glænge ET Adduk
STREET ADDRESS	401 GLENWOOD AVENUE			REET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27603			TY-ST-ZIP	
TITLE	VPD	DELETE	2.1 TF		Change Addition
NAME	BLINSON, MICHAEL D		2.2 N	ME	_ , _ ,
STREET ADDRESS	702 OBERLIN ROAD		2.3 ST	REET ADDRESS	
CATY-ST-ZIP	RALEIGH NC 27603			TY-ST-ZIP	
TITLE	STD	☐ DELETE	3.1 Ti		Change Addition
NAME	HOLLOWAY, JOSEPH JR.		3.2 NA	ME	
STREET ADDRESS	401 GLENWOOD AVENUE		3.3 ST	REET ADDRESS	
CITY-ST-ZIP	RALEIGH NC 27603		3.4. CI	TY-ST-ZIP	
TITLE		☐ DELETE	4.1 Ts	LE	☐ Change ☐ Addition
NAME			4.2 N	AME	
STREET ADDRESS			4.3 ST	REET ADDRESS	
CITY-ST-ZIP			4.4 CI	Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TIT	Œ	Change Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 ST	REET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TIT		Change Addition
NAME .			6.2 NA	ME	
STREET ADDRESS			1	REET ADDRESS	
City-St-ZiP	Me state to be a	16 15 1- 18 15 - 14 - 17 - 17 - 17 - 17 - 17 - 17 - 17		Y-ST-ZIP	2-4
14- LUBLEDA C	ertiry that the information supplied wi	to this filing does not qualify t	or the exe	mption stated in S	Section 119.07(3)(i), Florida Statutes. I further certify that the information

Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

GNATURE:

GNATURE:

**SIGNATURE:**